



**APPLICATION FOR REGISTRATION OF KENTUCKY
AFFILIATE WITH THE KENTUCKY HORSE
BREEDERS' INCENTIVE FUND
(KHRA Form HB-1) (12/06)**

4063 Iron Works Parkway, Building B, Lexington, KY 40511, Phone: 859-246-2040 Fax: 859-246-2039
www.khrc.ky.gov

Please print clearly

| | |
|--|-------------|
| Official name of state affiliate: | |
| Contact Info: | |
| Address: | |
| Phone: | Fax: |
| E-Mail: | |

All Applications should be accompanied by: The award distribution plan pursuant to which awards shall be distributed to incentive winners who are breeders or owners of horses bred and foaled in Kentucky. The award distribution plan shall specify:

1. The scoring method or point system to be utilized in contests to determine the incentive winner of each contest, as certified by the national breed registry;
2. The identity of the scoring body that will judge each contest, as certified by the national breed registry;
3. The rules of the contests in which the horses of the breed will participate, as certified by the national breed registry;
4. The percentage distribution formula by which the Kentucky affiliate shall grant awards to incentive winners.

Kentucky State Affiliates will also be required to:

Provide A semi-annual status report describing the progress of and participation in the award distribution plan shall be filed with the advisory committee by a Kentucky affiliate within thirty (30) days following January 1st and July 1st of each year. If the 30th day following January 1st or July 1st is on a Saturday, Sunday, or legal holiday, the report shall be due on the first business day thereafter.

The semi-annual report shall also include:

(1) A list of all stallions presently breeding horses eligible to participate in the fund, and the farm locations on which the stallions stand;

(2) A schedule of all state and national contests for that year in which horses eligible to participate in the KHBIF are scheduled to participate.

| | |
|---|---------------|
| Date: | Breed: |
| Official name of National Breed Organization / Registry: | |
| National Contact (Name and Title): | |
| Address: | |
| Phone: | Fax: |
| E-Mail: | |

Applications must also be accompanied by a letter from the national breed registry representing the breed certifying that the Kentucky affiliate is the recognized representative in Kentucky of that breed, and certifying the number of horses in the breed residing in Kentucky twenty five years and younger;

Application Deadline:

1. Registration shall be effective for (3) three years. The first (3) three-year registration period shall consist of the (3) three-year period beginning January 1, 2006, and ending December 31, 2008.
2. The next (3) three-year registration period shall consist of the (3) three-year period beginning January 1, 2009 and ending December 31, 2011 , and each succeeding registration period shall

consist of (3) three-year increments beginning on January 1 of the first year and ending on December 31 of the second year.

3. For the registration period beginning January 1, 2006, and ending December 31, 2008, a Kentucky affiliate shall register with the Authority on or prior to December 31, 2006. The Authority may, in cases of excusable neglect or other valid cause, extend the registration deadline until February 28, 2007.

AFFIDAVIT OF REGISTRATION INFORMATION BY KENTUCKY AFFILIATE REPRESENTATIVE. I hereby certify that the information on this form is correct, and that I understand that if the information on the form changes and the form is no longer correct I am required to amend the form within thirty (30) days after the information changes. I agree I may be subject to civil and criminal penalties under the laws of the Commonwealth of the Kentucky for providing fraudulent information. Furthermore, I agree to promptly provide any additional information to the Kentucky Horse Racing Authority upon request to confirm information submitted with this registration, or registration may be denied, suspended or revoked.

KENTUCKY AFFILIATE REPRESENTATIVE – print name

Signature and Date